

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 37
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Iowa Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Thomas J Benda Jr.

Mailing Address 1160 S Grandview Avenue

City State Zip Code
Dubuque IA 52003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubuque Otolaryngology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.12821

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dr. Elaine Berry

Mailing Address 1501 E 10th Street
Box 429

City State Zip Code
Atlantic IA 50022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2015

Transaction ID : SA11AI.12757

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dr. Christopher F Blodi

Mailing Address 1501 50th Street
Suite 133

City State Zip Code
West Des Moines IA 50266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Retina Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : SA11AI.12753

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00